Testimony for the House Ways and Means Committee on June the 12th 2019.

Americans are justifiably concerned about healthcare costs. Even though the U.S. spends twice as much on healthcare as other rich countries that provide universal coverage, our outcomes are mediocre in comparison. Two-thirds of bankruptcies are caused by illness and medical bills. Nearly thirty million Americans are uninsured, another forty million are underinsured, and all of us are unsure whether our coverage will protect us when seriously ill and most vulnerable. Uninsured and underinsured Americans suffer tens of thousands of unnecessary deaths every year due to care forgone.

Recent polls suggest that solid the majorities of American people (including doctors like me) support Medicare for All. However, many also say they are happy with their current coverage and are afraid of the tax increases needed to expand Medicare to everyone. I suspect that most who are "happy" with their coverage have not been sick enough to discover how flimsy private insurance can be, with high copays, multi-thousand dollar deductibles, surprise bills, narrow provider networks, and scandalous drug prices that can shock us and block us from needed care. Those seriously ill must buy or die.

Most people don't know what their private insurance costs them now. A Kaiser Family Foundation calculator sheds light on this. For example, a family of four earning $50,000 yearly with employer coverage pays 15% of its income ($7,450) on healthcare. That amount includes costs like monthly insurance premiums and copays, as well as hidden costs like the taxes that support public employee coverage, veterans' care, state Medicaid plans, ACA subsidies, and tax breaks for employer health plans. Families earning $150,000 per year pay 12% ($21,250) in health costs. Workers with employer-provided plans face another hidden cost. Economists agree that companies providing workplace coverage spend proportionately less on wages.

The disease of our health care system is its financial hyper-complexity. We need simplicity. The massive administrative savings, bargaining power and increased efficiency of a single-payer system like an improved Medicare for All can save enough money to provide everyone in the U.S. with comprehensive benefits, protect us from medical bankruptcy, and allow us to visit the doctor or hospital of our choice. We can seek care when needed, not just when we can afford the copays and deductibles.

Medicare for All will not be "free," but will finally be financed equitably through progressive taxes. Except for the very wealthy, most Americans will pay less overall. And everyone will feel the freedom of increased financial security; of being able to change jobs, go back to school, or start a new business without the fear of financial ruin from medical bills. An improved Medicare for all would save lives and save money. It is the right thing to do.

Other existing bills in front of Congress that preserve a major role for the thousands of private health insurance plans will not resolve the financial hyper-complexity that is driving our ever increasing costs. Administrative complexity has driven administrative employment in health care by over 3000% since 1975, while the number of caregivers has only doubled over the same period. Medicare or Medicaid buy-ins will not be able to eliminate enough administrative waste to make comprehensive coverage for everyone affordable. These bills will face equally severe opposition by the same forces that opposed the relatively conservative ideas embodied in the Affordable Care Act. When conservatives had control of Congress and the Presidency they proved incapable of producing legislation to improve or replace the ACA. We could model our health system on other wealthy countries that preserve a role for private coverage but, generally, those insurers are not for profit and heavily regulated. These systems also preserve much of the added costs of administrative complexity and create multiple tiers of care that reduce social solidarity and equity. Good luck getting these bills passed if you choose to try and I will support them if you do but I would fight for the most comprehensive and effective system and hope to only have the fight once. An old family doc who was a mentor of mine once said,"You don't cut a dog's tail off one inch at a time, you are more likely to get bit."

We have comprehensive Medicare for All bills in front of Congress introduced by Representative Jayapal and Senator Sanders. The powerful private insurance and pharmaceutical industries have a lot to lose under these Medicare for All approaches. They are ready to spend billions on lobbying, TV ads, and campaign contributions. But citizens have power, too. We can elect a Congress and President committed to health care as a human right and willing to move forward with an improved and expanded Medicare for All.

Johnathon S. Ross MD, MPH

Brief Bio- Dr. Johnathon Ross is a past president of Physicians for a National Health Program, a national health reform group with over 22,000 members (PNHP). He is a graduate of Cornell University and received his medical degree in 1975 from the Medical College of Ohio at Toledo. In addition to his medical degree, he has a master's degree in health policy and administration from the School of Public Health of the University of Michigan. He is an Associate Clinical Professor of Internal Medicine at the University of Toledo, College of Medicine and practiced and taught general internal medicine for 38 years at Mercy St Vincent Medical Center, a 500 bed center city teaching hospital in Toledo, Ohio.

He has served as a family physician in a small rural community in upstate New York as a member of the National Health Service Corps. He has served as medical director for several organizations including: a local industrial medicine concern, the local visiting nurse service, a charitable HMO established by his Catholic hospital system and a center city adult medical clinic. He has served as chairman of the department of Internal Medicine at St. Vincent. He has been a member of the executive committee of medical staff of St Vincent, a board member of its PHO, and as chairman of several committees of the hospital, the HMO and the PHO focused on quality improvement. He has served as a member of the Ohio State Medical Board and helped to establish the educational requirements and scope of practice for licensed physician assistants in Ohio.

He is currently on the Board of Physicians for a National Health Program, the Executive Committee of the Single Payer Action Network of Ohio, the Board of the Universal Health Care Action Network of Ohio, Michigan for Single Payer Healthcare, Toledo Area Jobs with Justice, and the Toledo Lucas County Board of Health.